

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	/					
3	/					
4	/					
5	/					
6	4					
7	4					
8	4					
9	4					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	36					
TOTAL CLAIMS	80					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS